

Director's Letter

The translation of findings into patient care and systems improvements has always been the goal of QUERI. But now the vision takes form. The year 2000 has so far been an invigorating and productive time as each of the eight QUERI groups successfully developed initial translation plans and worked through a translation process for at least one finding.

The goal of the translation process is to identify targeted findings that, once translated, show measurable impact on patient outcomes or on the VA as a system. For all QUERI groups, this needs to be accomplished within the next 18 months. Initial translation efforts are most often successful when focused, clear, specific findings are chosen for translation, and when complex, diffuse topics are postponed until we have all gained more experience with translation.

In April, a meeting was held in Washington, DC to review all eight translation plans. Outside consultants were hired to assist in ensuring useful feedback for the groups. Two days of spirited review produced valuable insight and direction for the groups and for the initiative as a whole. HSR&D Headquarters is dedicated to actively facilitating progress and will continue to assist the QUERI groups with resources that facilitate translation.

As part of this ongoing effort, QUERI group Coordinators,

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Stroke QUERI Systematizing Anticoagulation Monitoring

Patients with atrial fibrillation (AF) have a fivefold increased risk of stroke, with approximately 80,000 strokes in the United States attributable to AF each year.¹ For eligible patients with AF, warfarin can reduce the risk of stroke by 60%. Yet, despite the fact that warfarin anticoagulation is the established standard for preventing stroke in patients with AF, less than half of eligible patients receive warfarin and less than half of those who do are optimally controlled.²

Due to a lack of standardized reporting and tracking of patients with AF in the VHA, it is unknown how many veterans with AF go undetected or untreated. Although some recent data show that small subgroups of patients may do well with aspirin alone, the majority of veterans with AF are likely to possess risk factors that would place them in a group where well-controlled warfarin anticoagulation would reduce stroke rates and save costs.³

Although effective practices in acute stroke management are available, there are few systematic approaches to stroke care in place inside or outside the VHA. In an effort to remedy this situation, Dr. Alan Jacobson, Cardiologist and Director of the Anticoagulation Clinic at the Jerry L. Pettis Memorial VAMC at Loma Linda, CA, and member of Stroke QUERI, worked with the Premier Innovation Institute to identify the essential characteristics of a systematic approach to monitoring

the quality of care for patients with atrial fibrillation. This Systematic Anticoagulation Management includes *active* care from a qualified provider, ongoing patient education, and long-term management that would be implemented by:

- systems for tracking and scheduling,
- accessible testing, and
- patient-specific decision support.

Putting systems into practice for tracking and scheduling patient care is important to improving the quality of patient outcomes, particularly regarding follow-up care for patients on warfarin.

Identifying the status of systematic anticoagulation management within VHA is the first step to improving the care offered to patients. Thus, in 1999 Stroke QUERI administered a survey to 159 VA medical centers. With 149 VA medical centers responding, results showed that 78% of the facilities provide some form of anticoagulation. In addition, 73% have PharmD staff involved in anticoagulation treatment, 66% have MD supervision, and 41% offer patient education. In terms of long-

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Specialty Mental Health Care Improves Outcomes For Patients with Substance Use Disorders

As part of its participation in the Government Performance Results Act, VA has developed an initial system to monitor the outcome of treatment for patients with substance use disorders. One purpose of the outcomes monitoring system is to link specific characteristics of care to patients' risk-adjusted outcomes in order to obtain policy-relevant data about the most effective use of treatment resources. The Quality Enhancement Research Initiative Substance Abuse Module (QSAM) produced a report that describes the implementation of this nationwide program and examines how the provision of outpatient mental health care, and the duration and intensity of that care, relate to outcomes for patients with substance use disorders.

Clinicians in this evaluation utilized a baseline Addiction Severity Index (ASI) interview conducted with more than 34,000 patients with substance use disorders. Six to twelve months later, more than 21,000 (63%) were reassessed. In addition, nationwide VA health service utilization databases were used to obtain information about patients' diagnoses and their use of services during an index episode of care. On average, patients who received specialty outpatient mental

health care experienced better risk-adjusted outcomes than did patients who did not receive such care. Patients who had longer index episodes of mental health care improved more than did those who had shorter episodes. Further, there was some evidence that a longer duration of care contributed more to positive outcomes among patients with only substance use disorders, whereas greater intensity of care was more important for patients with both substance use and psychiatric disorders.

These findings suggest that the provision of specialty outpatient mental health care, and longer episodes of specialty care, are associated with better risk-adjusted substance use, symptom, and social functioning outcomes for patients with substance use disorders. These results contribute to a growing body of evidence that patients with relatively severe substance use disorders experience better outcomes when treated in specialty mental health rather than primary care or general medical settings.

QSAM recommends that the provision of services for a longer duration may be an effective strategy for many patients, but more

information is needed to identify specific subgroups of patients, especially dually diagnosed patients, who are most likely to respond to more intensive care.

*Moos RH, et al. Monitoring the Quality of Substance Abuse Care: Specialty Mental Health Care Improves Patients' Outcomes. A report from the Substance Abuse Module, Quality Enhancement Research Initiative (QUERI). *Journal of Studies on Alcohol*, in press.

This article was contributed by the Substance Abuse QUERI Coordinating Center. For more information, please contact John Finney, PhD at (650) 493-5000, ext. 22848.

About QSAM and its Coordinating Center

The QUERI Substance Abuse Module (QSAM) Executive Committee coordinates efforts to operationalize the QUERI process via development of a Strategic Plan, which then must be approved by the QUERI Research and Methodology Committee. The QSAM Executive Committee, comprising researchers and clinicians from across the VA, is co-chaired by a Research Coordinator and a Clinical Coordinator. The Executive Committee guides the QSAM Research Coordinating Center as it conducts selected aspects of the Strategic Plan, which is designed to identify and address gaps in knowledge and health care quality in the field of Substance Abuse. The QUERI program provides critical links between research and clinical expertise and creates an innovative mechanism for putting research into practice. Rudolf Moos, PhD serves as the Research Coordinator, and Mark Willenbring, MD acts as the Clinical Coordinator.

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QUERI Research and Methodology Committee members, and selected guests will meet together in Washington, DC on July 17 & 18 to openly exchange ideas and strategies for cross-cutting translation efforts and will work to develop a National Action Plan for translation. We look

forward to this meeting and to moving ahead quickly with this exciting phase of our work. Together, we are fast becoming national experts in systematizing quality improvement. If we work together, the challenges we face can be converted into opportunities.

*John G. Demakis, MD
Director, HSR&D*

Anticoagulation Monitoring

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term management, 32% of those facilities with services report having no automated way of tracking patients. And approximately 20% of the sites claim to be over capacity or closed to new patients.

Translating these survey results into improved clinical practice means creating a systems approach that will ensure proper anticoagulation. Specific steps may include educating facility directors and general care providers, supplying applicable tools (i.e., tracking software), developing a forum for patient education, and implementing a computerized interface through VistA that will identify patients with AF who may benefit from warfarin treatment [VistA (VHA's Information Systems and Technology Architecture) integrates clinical, administrative, and infrastructure databases.] As part of

Stroke QUERI efforts to disseminate these essential elements of Systematizing Anticoagulation Monitoring to care providers, a 9 minute video was produced by Premier Innovations Institute using the Loma Linda VA clinic as a leading example of effective and successful systematic anticoagulation monitoring.

In addition, data from the survey has prompted important research questions. Are the presence and/or complexity of Systematic Anticoagulation Monitoring at the facility level associated with:

- an increased proportion of patients with AF on warfarin at the facility?
- reduced hospitalizations for hemorrhage (GI and other)?
- reduced hospitalizations for stroke (hemorrhagic and total)?

Successfully combining all of these efforts under the umbrella of Systematizing Anticoagulation Monitoring should improve care for veterans with AF.

¹Wolf PA, Abbott RD, Kannel WB. Atrial fibrillation: a major contributor to stroke in the elderly: The Framingham Study. *Arch Intern Med* 1987; 147: 1561-4.

²Matchar DB. Should we just let the Anticoagulation Clinic Service do it? *J Gen Intern Med* 1996; 11: 768-70.

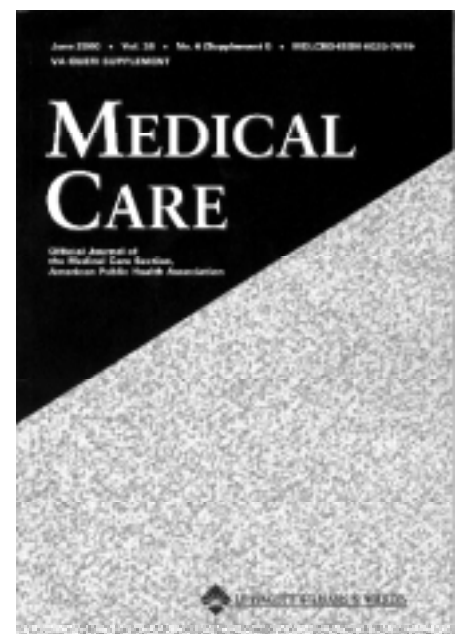
³The SPAF III Writing Committee for the Stroke Prevention in Atrial Fibrillation Investigators. Patients with nonvalvular atrial fibrillation at low risk of stroke during treatment with aspirin. *JAMA* 1998; 279: 1273-77.

For further information on Systematizing Anticoagulation Monitoring, you may contact Dr. Alan Jacobson by e-mail at akjacobson@linkline.com (preferred), or by phone at (909) 422-3097.

Medical Care Features QUERI Supplement

The June issue of *Medical Care* features a special supplement titled "VA's Quality Enhancement Research Initiative." The first three articles in this supplement provide an overview of the organizational context and process for the Quality Enhancement Research Initiative. These articles discuss such topics as systematizing quality improvement and the collaboration between research and clinical practice. The next eight articles present a comprehensive discussion on the strategic direction of each of the eight targeted conditions that are the focus of QUERI: Chronic Heart Failure, Diabetes, HIV/AIDS, Ischemic Heart Disease, Mental Health, Spinal Cord Injury, Stroke, and Substance Abuse.

These condition-specific papers discuss work aimed at improving outcomes and promoting quality improvement. The last two articles in the supplement address cross cutting issues important to QUERI's success: changing provider behavior and database needs for outcomes measurement. Articles in this Special Supplement were contributed by John R. Feussner, MD, VA's Chief Research and Development Officer, John G. Demakis, MD, Director of HSR&D, Kenneth W. Kizer, MD, MPH, former VA Under Secretary, and members of the eight QUERI Executive Committees, among other QUERI expert participants.



New Member Joins QUERI HQ

Rebecca M. Kellen, RN, BSN, MS recently joined the QUERI Team at Washington, DC Headquarters. Ms. Kellen brings a wide range of both clinical and research expertise to QUERI. A former medical/surgical nurse at Philadelphia's VA hospital, she also served as a clinical data coordinator at Washington Hospital Center, a nurse researcher for a joint FDA/CDC initiative, and a charge nurse on a telemetry unit. Ms. Kellen demonstrates a deep interest in applied research and a gift for understanding translation and policy. Coupled with her careful attention both to detail and to the needs of each QUERI group, this makes her an ideal match for this initiative.

Diabetes Summit

The **Diabetes Mellitus Quality Enhancement Research Initiative** (QUERI-DM) is working to translate the results of some of their important findings into practice. As part of this process, QUERI-DM recently participated in a two-day VISN 11 *Diabetes Summit*. The Summit brought together primary care providers, endocrinologists, diabetes educators, nurses, pharmacists, researchers, and VISN representatives to discuss strategies for implementing diabetes clinical practice guidelines. One result of the summit is a position

paper being developed to assist VA facilities throughout the VISN in providing consistent, optimal care for veteran patients with diabetes.

QUERI Resource Allocation Top Priority

As QUERI activities quickly expand, HSR&D strives to eliminate funding delays for QUERI projects and to make sufficient resources available. Thus there has been a rapid expansion in resource allocation. For example, in 1999 HSR&D allocated \$4.5 million for QUERI. So far in FY 2000, \$2 million has been allocated to the QUERI Coordinating Centers; over \$3 million to Investigator Initiated Research (IIRs); and approximately \$1.5 million to Service Directed Research (SDRs). Headquarters is pleased to announce that all eligible QUERI projects have now been funded. Additional resources have also been targeted for specific translation activities, such as hiring translation consultants to assist each group.

Since QUERI is a new program, and because translation projects sometimes reach beyond traditional health services research and merge with quality improvement activities, resource issues are being explored actively at Headquarters. This will be one of many topics addressed during the upcoming QUERI meeting in Washington, DC on July 17 & 18, which will focus on translation issues.

Submissions

QUERI Quarterly is glad to accept submissions for publication consideration. Please submit articles, updates or other information of interest to our readers by Monday, July 31, 2000 for publication in our September issue. Submit to Diane Hanks at diane.hanks@med.va.gov.

QUERI Quarterly is a quarterly publication of the Office of Research and Development's Health Services Research and Development Service. This newsletter discusses important issues and findings regarding the Quality Enhancement Research Initiative. Initially, QUERI will focus on the following conditions due to their high volume and/or high risk among VA patients: chronic heart failure, diabetes, HIV/AIDS, ischemic heart failure, mental health, spinal cord injury, stroke, and substance abuse. *QUERI Quarterly* is available on the web at www.va.gov/resdev/prt/queri_q2.pdf and on our FAX service by calling (617) 278-4492 (please follow voice prompts). For more information or to provide us with feedback, questions or suggestions, please contact:

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